

Health Insurance Premium Rates (Monthly)

8/1/2021 – 7/31/2022

Carrier	Employee Only	Employee + One	Family	
Medical Insurance				
Kaiser Permanente HMO Premium	736.75	1694.52	1989.21	3.74% Increase
County Paid Portion – FT	736.75	1694.52	1989.21	3.74% Increase
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .5	368.38	847.26	994.61	
Employee Paid Portion – PT .5	368.37	847.26	994.60	
County Paid Portion – PT .6	442.05	1016.71	1193.53	
Employee Paid Portion – PT .6	294.70	677.81	795.68	
County Paid Portion – PT .7	515.73	1186.16	1392.45	
Employee Paid Portion – PT .7	221.02	508.36	596.76	
County Paid Portion – PT .75	552.56	1270.89	1491.91	
Employee Paid Portion – PT .75	184.19	423.63	497.30	
County Paid Portion – PT .8	589.40	1355.62	1591.37	
Employee Paid Portion – PT .8	147.35	338.90	397.84	
County Paid Portion – PT .9	663.08	1525.07	1790.29	
Employee Paid Portion – PT .9	73.67	169.45	198.92	
Kaiser Permanente Added Choice POS	823.77	1894.50	2224.26	2.32% Increase
County Paid Portion – FT	810.90	1864.90	2189.51	2.35% Increase
Employee Paid Portion – FT	12.87	29.60	34.75	No Change
County Paid Portion – PT .5	405.45	932.45	1094.75	
Employee Paid Portion – PT .5	418.32	962.05	1129.51	
County Paid Portion – PT .6	486.54	1118.94	1313.70	
Employee Paid Portion – PT .6	337.23	775.56	910.56	
County Paid Portion – PT .75	608.17	1398.67	1642.13	
Employee Paid Portion – PT .75	215.60	495.83	582.13	
County Paid Portion – PT .9	729.81	1678.41	1970.55	
Employee Paid Portion – PT .9	93.96	216.09	253.71	
Kaiser Permanente HSA *	513.19	1180.34	1385.61	3.74% Increase
County Paid Portion – FT	513.19	1180.34	1385.61	3.74% Increase
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .6	307.91	708.20	831.37	
Employee Paid Portion – PT .6	205.28	472.14	554.24	
County Paid Portion – PT .75	384.89	885.26	1039.21	
Employee Paid Portion – PT .75	128.30	295.08	346.40	
County Paid Portion – PT .9	461.87	1062.31	1247.05	
Employee Paid Portion – PT .9	51.32	118.03	138.56	

FT = Full Time FTE; PT = Part Time with indicated % FTE

*The County also contributes \$1500/\$3000 into HSA for employee at beginning of plan year

Carrier	Employee Only	Employee + One	Family	
Dental Insurance				
Kaiser Permanente w/Ortho	76.24	175.36	205.84	No Change
County Paid Portion – FT	76.24	175.36	205.84	No Change
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .5	38.12	87.68	102.92	
Employee Paid Portion – PT .5	38.12	87.68	102.92	
County Paid Portion – PT .6	45.74	105.22	123.50	
Employee Paid Portion – PT .6	30.50	70.14	82.34	
County Paid Portion – PT .9	68.62	157.82	185.26	
Employee Paid Portion – PT .9	7.62	17.54	20.58	
Principal Dental PPO w/Ortho	60.85	121.94	202.11	No Change
County Paid Portion – FT	60.85	121.94	202.11	No Change
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .5	30.43	60.97	101.06	
Employee Paid Portion – PT .5	30.42	60.97	101.05	
County Paid Portion – PT .6	36.51	73.16	121.27	
Employee Paid Portion – PT .6	24.34	48.78	80.84	
County Paid Portion – PT .7	42.60	85.36	141.48	
Employee Paid Portion – PT .7	18.25	36.58	60.63	
County Paid Portion – PT .8	48.68	97.55	161.69	
Employee Paid Portion – PT .8	12.17	24.39	40.42	
County Paid Portion – PT .9	54.77	109.75	181.90	
Employee Paid Portion – PT .9	6.08	12.19	20.21	
Willamette Dental w/Ortho	55.75	96.75	167.65	No Change
County Paid Portion – FT	55.75	96.75	167.65	No Change
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .7	39.03	67.73	117.36	
Employee Paid Portion – PT .7	16.72	29.02	50.29	
County Paid Portion – PT .75	41.81	72.56	125.74	
Employee Paid Portion – PT .75	13.94	24.19	41.91	
County Paid Portion – PT .85	47.39	82.24	142.50	
Employee Paid Portion – PT .85	8.36	14.51	25.15	
Life Insurance				
	General/1442	Road/697	FOPPO	
Mutual of Omaha	5.87	7.19	5.87	No Change
County Paid Portion – FT	5.87	7.19	5.87	No Change
Employee Paid Portion – FT	0.00	0.00	0.00	No Change
County Paid Portion – PT .6	3.52	4.31	3.52	
Employee Paid Portion – PT .6	2.35	2.88	2.35	
County Paid Portion – PT .8	4.70	5.75	4.70	
Employee Paid Portion – PT .8	1.17	1.44	1.17	
County Paid Portion – PT .9	5.28	6.47	5.28	
Employee Paid Portion – PT .9	0.59	0.72	0.59	

FT = Full Time FTE; PT = Part Time with indicated % FTE

Note: The figures above may change or may be different for different employee groups.